

10/594699

IAP2 Rec'd PCT/PTO 28 SEP 2006

Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility
CD-ROM or CD-R?:: None
Sequence submission?:: No
Title:: SCREENING FOR LYSOSOMAL
STORAGE DISEASE STATUS
Attorney Docket Number:: A20-079
Request for Early Publication?:: No
Request for Non-Publication?:: No
Total Drawing Sheets:: 27
Small Entity?:: No
Petition included?:: No
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority type:: Inventor
Primary Citizenship Country:: AU
Status:: Full Capacity
Given Name:: Peter
Middle Name::
Family Name:: MEIKLE
City of Residence:: Redwood Park
State or Province of Residence:: South Australia

Country of Residence:: AU
Street of mailing address:: 31 Minnamurra Dr.
City of mailing address:: Redwood Park
State or Province of mailing address:: South Australia
Country of mailing address:: AU
Postal or Zip Code of mailing address:: 5067

Applicant Information

Applicant Authority type:: Inventor
Primary Citizenship Country:: AU
Status:: Full Capacity
Given Name:: John
Middle Name::
Family Name:: HOPWOOD
City of Residence:: Stonyfell
State or Province of Residence:: South Australia
Country of Residence:: AU
Street of mailing address:: 2 Monarto Ct.
City of mailing address:: Stonyfell
State or Province of mailing address:: South Australia
Country of mailing address:: AU
Postal or Zip Code of mailing address:: 5066

Applicant Information

Applicant Authority type:: Inventor
Primary Citizenship Country:: AU

Status:: Full Capacity
Given Name:: Maria
Middle Name::
Family Name:: FULLER
City of Residence:: Collinswood
State or Province of Residence:: South Australia
Country of Residence:: AU
Street of mailing address:: 4/6 Redmond St.
City of mailing address:: Collinswood
State or Province of mailing address:: South Australia
Country of mailing address:: AU
Postal or Zip Code of mailing address:: 5081

Applicant Information

Applicant Authority type:: Inventor
Primary Citizenship Country:: GB
Status:: Full Capacity
Given Name:: Phillip
Middle Name::
Family Name:: WHITFIELD
City of Residence:: Liverpool
State or Province of Residence::
Country of Residence:: GB
Street of mailing address:: c/o Faculty of Veterinary Science,
University of Liverpool, Crown St.

City of mailing address:: Liverpool

State or Province of mailing address::

Country of mailing address:: GB

Postal or Zip Code of mailing address:: L69 7ZJ

Applicant Information

Applicant Authority type:: Inventor

Primary Citizenship Country:: AU

Status:: Full Capacity

Given Name:: Peter

Middle Name::

Family Name:: SHARP

City of Residence:: Myrtle Bank

State or Province of Residence:: South Australia

Country of Residence:: AU

Street of mailing address:: 18 Palmer Ave.

City of mailing address:: Myrtle Bank

State or Province of mailing address:: South Australia

Country of mailing address:: AU

Postal or Zip Code of mailing address:: 5072

Correspondence Information

Correspondence Customer Number:: 28156

Phone number:: (203) 366-3560

Fax Number:: (203) 335-6899

E-Mail address:: cosud@erols.com

Representative Information

Representative Customer Number::	28156	
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Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
AU	2004901726	03/31/04	Yes

Assignment Information

Assignee name:: CHILDREN, YOUTH AND WOMEN'S
HEALTH SERVICE

Street of mailing address:: 72 King William Rd.

City of mailing address:: North Adelaide

State or Province of
mailing address:: South Australia

Country of mailing address:: AU

Postal or Zip Code of
mailing address:: 5006